FORM B10 (Official Form 10)(5/99) **United States Bankruptcy Court CHAPTER 13** PROOF OF CLAIM U.S. COURTS DISTRICT OF ID Case Number Name of Debtor 2001 MAR -5 A 8: 29 0100448 TONYA MCLEOD Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filled pursuant to 11 U.S.C. §503. Name of Creditor (The person or entity to whom the debtor owes money or property): ☐ Check box if you are aware that anyone else has filed a proof of **GULF STATE CREDIT, L.L.C.** claim relating to your claim. Attach copy of statement giving Name and address where notices should be sent: particulars. OSI Portfolio Services ☐ Check box if you have never **Bankruptcy Department** received any notices from the bankruptcy court in this case. P.O. Box 105460 ☑ Check box if the address differs Atlanta, GA 30348-5460 THIS SPACE IS FOR COURT USE from the address on the envelope ONLY sent to you by the court. Telephone Number: 800-619-3419 Check here if this claim: replaces Account or other number by which creditor identifies debtor: amends a previously filed claim, dated:_ 3940477323 ☐ Retiree benefits as described in U.S.C. §1114(a) 1. Basis for Claim: ☐ Wages, salaries, and compensations (fill out below) ☐ Goods Sold Your SS #: ☐ Services performed Unpaid compensations for services performed ☐ Personal injury/wrongful death (date) (date) □ Taxes ☐ Other 3. If court judgement, date obtained: 01/-1/00 2. Date debt was incurred: 4. Total Amount of Claim at Time Case Filed: \$820.70 If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below. 🖾 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. Unsecured Priority Claim 5. Secured Claim Check this box if you have an unsecured priority claim ☐ Check this box if your claim is secured by collateral (including a right of setoff) Amount entitled to priority \$. Specify the priority of the claim: Brief Description of Collateral: ☐ Wages, salaries, or commissions (up to \$4,300) earned within 90 days ☐Real Estate before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(3). ☐Motor Vehicle □Other □ Contributions to employee benefit plan - U.S.C. §507(a)(4). Up to \$1,950 of deposits toward purchase, lease, or rental of property or Value of Collateral: \$_____ services for personal, family, or household use - 11 U.S.C. §507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. §507(a)(7). Amount of arrearage and other charges at time case filed included in secured Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). claim, if any: \$ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(__). THIS SPACE IS FOR COURT USE 7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized

to file this claim (attach copy of power of attorney, if any

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

Bankruptcy Analyst

Date

03/01/01